PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

27142

7590

09/07/2006

MCKEE, VOORHEES & SEASE, P.L.C. ATTN: PIONEER HI-BRED **801 GRAND AVENUE, SUITE 3200** DES MOINES, IA 50309-2721



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

LILA A. T. AKRAD	(Depositor's name)
Xila a I allrad	(Signature)
9-28-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/752,793	01/07/2004	Mario Rosario Carlone JR.	P06276US01-PHI 1334	5128

TITLE OF INVENTION: INBRED MAIZE LINE PH581

10/03/2006 EHAILE2 00000053 10752793

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	1400 AFE BUE	
nonprovisional	NO	\$1400	\$0	. \$0	\$1400	12/07/2006	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS		. •		
FOX, D	AVID T	1638	800-320100	•	•	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the p	atent front page, list			
			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. **REE, VOORHEES & SEASE, P.** 2 801 Grand Ave., Suite 3200 DES MOINES, IOWA 50309-272 3				
PLEASE NOTE: Un recordation as set fort	less an assignee is identity in 37 CFR 3:11: :Comr	ified below, no assignee	data will appear on the pa T a substitute for filing an	atent. If an assignee is id	lentified below, the doct	ument has been filed for	
(A) NAME OF ASSI			(B) RESIDENCE: (CITY	-			
PIONEER HI-	·. -BRED INTERNAT	CIONAL, INC.		OHNSTON, IA			
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s)	are submitted:	. 41	. Payment of Fee(s): (Plea	se first reapply any prev	iously paid issue fee sh	own above)	
Issue Fee A check is enclosed.							
☐ Advance Order - # of Copies ☑ The D			Payment by credit card. Form PTO-2038 is attached.				
			overpayment, to Depos	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number26-0084_ (enclose an extra copy of this form).			
5. Change in Entity Sta			_				
	s SMALL ENTITY statu			ger claiming SMALL ENT			
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other than the Office.	he applicant; a registered a	ttorney or agent; or the	assignee or other party in	
Authorized Signature	Vila l	7. a/no		Date 9-28-0	6		
Typed or printed nam	e LILA A.	T. AKRAD		Registration No.	52,550		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and							

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.